PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMIT [*]	ΓAL
FORM	

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/792,096
Filing Date	3/3/2004
First Named Inventor	Ron L. Hale
Art Unit	1616
Examiner Name	
Attorney Docket Number	00038.04CON

	ENCLOSURES (check all that apply	()
Fee Transmittal Form	Drawing(s)	After Allowance communication to Group
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences
Amendment / Reply	Petition	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
After Final	Petition to Convert a Provisional Application	Proprietary Information
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence	Status Letter
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):
Express Abandonment Request	Request for Refund	Request for Withdrawal as Attorney or Agent (in triplicate) - 3 pp.
Information Disclosure Statement	CD, Number of CD(s)	2. Return Receipt Postcard
Certified Copy of Priority Document(s)	Remarks	
Response to Missing Parts/ Incomplete Application		
Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATUR	I RE OF APPLICANT, ATTORNEY, OR AGEN	IT
Firm Elaine C. Stracker -4		
or Individual name		
Signature Large (Stabe	
DEC. 1 3 200	4	
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with
sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

Typed or printed name Elaine C. Stracker

Signature Date DFC. 1 3 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DEC 16 2004

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PTO/SB/83 (06-03) Approved for use through 11/30/2005. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

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Application Number	10/792,096
Filing Date	3/3/2004
First Named Inventor	Ron L. Hale
Art Unit	1616
Examiner Name	
Attorney Docket Number	00038.04CON

To: Commissioner for P.O. Box 1450			•			
Alexandria, VA 22313-1450 I hereby apply to withdraw as attorney or agent for the above identified patent application.						
1 '''	•	illilled p	асепс арр	illoatic)I I.	
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Assignee is currently handling		the attor	ncy of reco	, u as	an empre	yee. The
	CORRESPONDENCE ADDRE	SS				
1. The corresponden	ce address is NOT affected by this with					
2. X Change the corres	spondence address and direct all future	corresp	ondence	to:		
Customer Number						
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Firm <i>or</i> Individual Name	IP Department (Alexza MDC)					
Address	1001 East Meadow Circle					
Address						
City	Palo Alto	State	CA		ZIP	94303
Country						
Telephone		Fax				
This request is made or	behalf of myself and					
all the attorneys/agents of record,						
the attorneys/agents (with registration numbers) listed on the attached paper(s), or						
	s associated with Customer Number					
	plicate (including any attachments).					
	Stracker	Registra	tion No	43,1	66	
Signature Registration No. 43,166						
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between						
approval of withdrawal and the withdraw is normally disappro	e expiration date of a time period for respor	nse or po	ssible exte	ension	period,	the request to

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First Named Inventor	Ron L. Hale
Art Unit	1616
Examiner Name	
Attorney Docket Number	00038.04CON

To: Commissioner for P.O. Box 1450 Alexandria, VA 22				-				
I hereby apply to withdraw as attorney or agent for the above identified patent application.								
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The reasons for this request are: This request is being made for the reason that the Assignee no longer retains the attorney of record as an employee. The Assignee is currently handling their own patent prosecution.								
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2. A Change the corre	spondence ad	ddress and direct	all future	corresp	ondence	to:		
Customer Number								
OR								
Firm <i>or</i> Individual Name	IP Departme	nt (Alexza MDC)	·					
Address	1001 East Me	eadow Circle						
Address								
City	Palo Alto			State	CA		ZIP	94303
Country								
Telephone				Fax				
This request is made or	behalf of mys	elf and						
all the attorneys/agents of record,								
the attorneys/agents (with registration numbers) listed on the attached paper(s), or								
the attorneys/agent		_						
This request is enclosed in tri		ing any attachment	<u>(S).</u>					
	S. Stracker		1	Registra	ition No.	43,10	56	
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To: Commissio P.O. Box 14 Alexandria,	1 50						
I hereby apply to	withdrav	v as attorney or agent for the above id	entified p	atent app	olicatio	on.	
The reasons for	this requ	est are:					
		the reason that the Assignee no longer retain their own patent prosecution.	is the attor	ney of rec	ord as	an emplo	yee. The
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	•	ce address is NOT affected by this wi spondence address and direct all futur		ondence	to:		
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Address		1001 East Meadow Circle					
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